

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002437

FILED  
May 11, 2012  
Secretary of State

**Entity Name:** DOMESTIC VIOLENCE INTERVENTIONS OF FLORIDA, INC.

**Current Principal Place of Business:**

18051 SW 11TH CT  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18051 SW 11TH CT  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 65-0773247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DEARR, CRAIG R  
TWO DATRAN CENTER-SUITE 1609  
9130 S. DADELAND BLVD.  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ERIK-MICHAEL, ARNOLD  
Address: 18051 S.W. 11TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D  
Name: HOMER, VERNALENE  
Address: 4020 DANFORD ROAD, #106  
City-St-Zip: ATLANTA, GA 30331

Title: SD  
Name: HOMER, WAYNE  
Address: 18051 SW 11TH COURT  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D  
Name: HOMER, ILENE  
Address: 18051 SW 11TH CT  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: DCEO  
Name: HOMER, THERESE  
Address: 18051 SW 11TH CT.  
City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THERESE HOMER

DCEO

05/11/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date